This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/458533

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

<u></u>	Fee Code	Total # Claims	Number Extra	x	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101					760	*	
Total Claims >20	203/103	77 -20	- 57	x		1026	-	
Independent Claims >3	202/102	4 .3		x		<u> 78</u>	3	
Mult. Dep Claim Presen	1 204/104					260	-	
Surcharge	205/105	•					-	
English Translation	139	•						
TOTAL FEE CALCU	LATION							
Fees due upon filing	the application	1:						
Total Filing Fees Du	ie = \$	21,	24					
Less Filing Fees Sul	omitted -\$_		08	<u> </u>				
BALANCE DUE	= \$ _	10	. /	_				
Office of Initial Pate	ent Examination							
	•		Figure 7			•		